Form COP-DIA (Rev. Jan. 2005)
Wis. State Stats. 46.27
DHFS/DDE-9314 (1/2005)

Community Options Program (COP)

DECLARATION OF INCOME AND ASSETS AND STATE RESIDENCY

(Care Managers: Refer to line by line Instructions when completing Declaration)

APPLICANT(S)/PARTICIPANT(S) NAME: **County**_____

PART I - RESIDENCY

1. Have you resided in the State of Wisconsin for the past six months? (See instructions to determine if this applies)

YES_____ **(Continue)** **NO** _____ **(Stop**, individual is not eligible for COP100% State funding but may be eligible for Medicaid Waivers)

PART II – DIVESTMENT

Ask **both** questions: (See instructions to determine if a referral to the Economic Support Agency is appropriate)

1. Within the last 36 months have you or your spouse disposed of, given away, or transferred property (such as land, stocks, bonds, cash, etc.) including transfers of property to children, relatives or other persons?

YES_____ **NO**____

2. In the last 60 months have you or your spouse set up a trust or have you added funds to a trust? (Exception: Exempt funeral trusts described on page 5 of the instructions to this Declaration).
YES_____ **NO**_____

PART III – INCOME AND ASSET INFORMATION

FOR SSI RECIPIENTS ONLY: Fill in amount on Income line 4 below. For SSI recipients who live at home, go directly to Part V of this Declaration for signature and date. Enter zero on line 9 of COP Worksheet # 1. Applicant is eligible without cost-sharing. It is not necessary to complete Asset information or information in Part IV. For SSI recipients who live in substitute care, complete Form COP-DIA and then complete applicable COP cost-share worksheet to determine cost-share.

A. Monthly Earned Income

	Client	Spouse
1. Before-tax wages or salary		
2. Before-tax income from self-employment		

Monthly Unearned Income

3. Social Security, SSDI or Railroad Ret.		
4. SSI		
5. SSI-E		
6. Veteran's Pension		
7. Pension / Annuities		
8. Interest / Dividend Income if ↑ $20xmo.		
9. Other (i.e., estates / trusts, net rental income, farm income, business income, worker's compensation, unemployment compensation, alimony, child support, etc.)		
A 10 Total Monthly Earned & Unearned Income (Add Lines 1 – 9)		

B. Combined Assets of Client and Spouse

Do not count the home, furnishings, one car, or burial trusts under $ 3,000. If the spouse is not applying or is not eligible for COP do not count his/her IRA.

1. Cash on hand	
2. Savings	
3. Checking	
4. IRA (Do not count ineligible spouse's IRA)	
5. Certificates of Deposit	
6. Money Market	
7. Life Insurance cash value if face value exceeds $1,500	
8. Other, specify (i.e., count the value of burial trusts that is over $ 3,000, other types of trusts, stocks, bonds, money owed to you, etc.)	
9. Value of divested amount, if applicable	
B 10 Total Assets (Add Lines 1 – 9)	

PART IV - MONTHLY EXPENSES

1. IMPAIRMENT RELATED WORK EXPENSES (IRWEs) (Do not include IRWEs again under # 3 or # 4 below)

Client's impairment related expenses:

TOTAL…… Client's _____ Spouse's _____

2. MONTHLY COURT ORDERED EXPENSES PAID BY THE APPLICANT(S)

Child support or family support:	Client's	_____	Spouse's	_____
Maintenance or alimony:	Client's	_____	Spouse's	_____
Court ordered guardian and guardian ad litem fees:	Client's	_____	Spouse's	_____
Court ordered attorney fees:	Client's	_____	Spouse's	_____
Other court ordered expenses (specify type) _____	Client's	_____	Spouse's	_____
TOTAL ……		_____		_____

3. MONTHLY OUT OF POCKET MEDICAL/REMEDIAL EXPENSES

Applicant's medical/remedial expenses	Cost	If applicable, list spouse's med/remedial expenses	Cost
TOTAL……		**TOTAL……**	

4. MONTHLY EXPENSES – COUNTY DETERMINED (IN COP PLAN)

Are there other, non-medically related household expenses that impact your household and which are approved under the county's COP Plan?

YES _____ **NO** _____

Applicant's other expenses	Cost	If applicable, list spouse's other expenses	Cost
TOTAL……		**TOTAL……**	

PART V – SIGNATURE AND DATE

I have provided true and accurate information. I understand that the agency may request more detailed and documented information later. I have received information regarding the Estate Recovery Program.

Print Name _____ Date _____

Signature_____

(If signed by a legal representative, specify legal authority (Guardian, Conservator, DPOA for finances, etc.)_____